

RiverTrek 2005

- A 5 day 4 night canoeing & camping journey down the Little Miami River.
- Tuesday, July 5th thru Saturday, July 9th.
- For Teens ages 13-17 years.
- A nature experience of a lifetime!
- Learn canoeing, kayaking and camping skills!
- Make new friends!
- Build leadership and teamwork skills!



On Saturday morning, RiverTrekkers will make the final leg of the trip down the Ohio River with hundreds of other paddlers as we join in PaddleFest 2005.

For more information or to receive an application packet, see your local CRC Community Center staff or call Becky Smith at 352-4031 or Dale Doerman at 961-5681 .

Application deadline is Friday, March 11th, 5:00 p.m.!

Recreation programs and facilities are open to all citizens regardless of race, sex, color, religion, nationality or disability. CRC is an Equal Opportunity Employer and is committed to supporting the Americans with Disabilities Act. Please call if you require any special accommodations.

February 2, 2005

Dear **RiverTrek** Applicant:

We are beginning the application process for **RiverTrek 2005**. This will be our 9th consecutive year for this exciting and challenging teen program and we look forward to having you join us as an active participant in the 2005 **RiverTrek** trip.

To become a **candidate** for the 2005 **RiverTrek** team, *you must be 13 to 17 years of age and apply by completing the attached forms and returning them to the Cincinnati Recreation Commission no later than Friday, March 11th, 2005:*

- **2005 RiverTrek** Application, Permission & Release Form (both sides)
- **RiverTrek** Training and Trip Permission and Acknowledgement Form
- Morgan's Canoe and Outdoor Centers, Inc. Participant Release
- Behavior Contract
- Request for Administration of Medication
- Adventure Outpost Medical Record
- CRC Green Medical Information Card
- Sponsor Nomination Form

If forms are being mailed, please address to: Cincinnati Recreation Commission,
805 Central Ave., Suite 800, Cincinnati, Ohio 45202, attn: Eileen Schultz.

The applications will be reviewed and **candidate** acceptance letters will be sent out by April 15th. *Candidate acceptance letters are not confirmation of participation. Participation is based on successful completion of necessary training prior to the actual trip (See "RiverTrek Training and Acknowledgement Form").*

If you have any questions, please call Becky Smith at 352-4031 or Dale Doerman at 961-5681. We look forward to another exciting RiverTrek Journey in 2005! We hope you can join us!

Sincerely,

The **RiverTrek** Staff

Fact Sheet

RiverTrek 2005

A natural challenge for Cincinnati teens.

The Cincinnati Recreation Commission's Outdoor Adventure Committee and Morgan's Canoe Adventures in Learning Program have joined forces to deliver the natural experience of a lifetime for Cincinnati area teens. Up to 35 fortunate teens (13-17 years old) will be selected by lottery to join **RiverTrek** on an exploration of natural beauty, eco-science and just plain fun, as we paddle 50+ miles of the *Little Miami River*, in canoes, kayaks and rafts. The **RiverTrek 2005** team will be traveling down the *Little Miami River* with a group of young men and women representing a broad range of Cincinnati's youth; from the central city to the suburbs.

Prior to **RiverTrek**, many of our teens have had little experience outside of their urban environments for any extended period of time. Some are unfamiliar with camping and others have various levels of experience canoeing and rafting on the river.

Some members of this year's group are returning paddlers of former **RiverTrek** teams. They have been selected to serve as Peer Leaders. They will help to guide and nurture those with less experience, to give back to the program and to continue their personal growth through **RiverTrek**.

Please examine the following itinerary carefully, keeping in mind that our schedule may need to be altered to adapt to weather conditions and other unforeseeable factors. The trip plan will include 5 days of travel by canoe/kayak. On Saturday, we will conclude the journey, traveling down the Ohio River to the Public Landing in Cincinnati. We will be joining several hundred paddlers and river enthusiasts as we participate in PaddleFest. Upon arrival, we will be greeted by family, friends and the press, as we complete our 5 day journey.

Along the way **RiverTrekkers** will camp, swim, team build, climb, hike, play and explore this historic river. Our group will also stop to test and monitor the water quality and conduct macro-invertebrate sampling along the course of the river. We will examine wildlife along the Little Miami River, search for fossils, and make note of historic sites along the way. The **RiverTrek 2005** team will experience the river like a modern day Tom Sawyer and will develop a new appreciation for the environment, river history and nature, while making new friends and enjoying the freedom and responsibilities of the river.

Training Dates

Participation in the following training dates is necessary for **RiverTrek**.

June 9, 2005	*8:30am – 4:30pm	Adventure Outpost (Winton Woods)	Eco Challenge Day
June 21, 2005	*8:30am – 5:00pm	Morgan's Canoe Ft. Ancient	River Skills Day
June 28, 2004	7:00pm – 8:00pm	Corryville Community Center	Parent's Night

* meet @ the Corryville Center, 2823 Eden Avenue
@ 8:00am for Bus or Van transportation to training destination.

Itinerary

DAY ONE (Tuesday, July 5, 2005): The RiverTrek journey begins this morning where we put-in our canoes at Deer Creek, on the Little Miami River just north of Oregonia, Ohio. For our first day on the river, we are planning to take it slowly to allow the group to acclimate to the conditions of the river and the peculiarities of travel by canoes in convoy. Along the way we pass historic Native American sites like Caesar's Creek and Fort Ancient. Dinner is provided by *Morgan's Canoe and Outdoor Centers*. We cover **12 miles** this day and make camp at Morgan's Riverside Campground. Showers and restrooms are available at this site.

DAY TWO (Wednesday, July 6, 2005): The second day begins with a campfire breakfast provided by *Morgan's Canoe and Outdoor Center*. After we break camp, we will paddle our canoes **16 miles** to the Loveland Castle where we will come ashore for an overnight stay. We will tour the castle and grounds of Chateau LaRoche and then enjoy our dinner. No showers are available at this location. Port-o-lets are present on site.

DAY THREE (Thursday, July 7, 2005): In the morning we enjoy breakfast at the campfire circle near the castle, overlooking the river. After we clean up and stow the gear, we rejoin the river and travel about **16 miles** by canoe. Along the way we will have opportunities to cool off as we snake our way downriver through some sections of shallow water. We arrive in late afternoon at the Lower Craig Campground operated by the Boy Scouts. Lower Craig has a secluded campsite, plentiful water and large open fields for sports and games. Showers and a sheltered picnic area are available at this site.

DAY FOUR (Friday, July 8, 2005): Today we cover approximately **18 miles**. We will stop for lunch midway and reach our take-out location at Magrish Riverlands Preserve, in late afternoon. From here we will be transported by van to nearby California Woods Nature Preserve where we will set up camp for the night and enjoy a relaxing dinner. We may join in the early evening Paddle Fest Festivities at the four Seasons Marina. Restrooms are available at this site.

DAY FIVE (Saturday, July 9, 2005): Following a hearty breakfast, we will break camp, carefully packing up the equipment. We will travel by van back to the launching site where we will join other Paddlefest enthusiasts as we canoe the remaining 11 miles from the Four Seasons Marina down the Ohio River to the Public Landing for the conclusion of the journey where the RiverTrek team will be met by family and friends. We expect to arrive between 10:45am and 11:30am. We will help load-up the canoes for return transport to *Morgan's Livery*, say our good-byes and then leave for home.

*Please note that the Ohio River will be closed to barge traffic during this National Paddling Event.

<p>RiverTrek' 2005 has been funded by the Charles H. Dater Foundation Inc., the Cincinnati Recreation Commission, Morgan's Canoe and Outdoor Centers, La Rosa's Restaurants, Heater Meals, BW3's, Meijer's, Sam's, BSA, Loveland Castle, Paddlefest, Kroger's, Brilliant Promotions, Provident Camera, Nature Outfitters, the Cincinnati Police Divisions, and the Cincinnati Park Board .</p>



Cincinnati Recreation Commission

CRC #254(A) **Applicant**

RiverTrek **Application**
Permission & Release Form

CRC Center _____

Name _____ Age _____ Gender _____ Date of Birth _____

Address _____ Zip _____ Home Telephone _____

Mother's Name _____ Father's Name _____

Home Address _____ Home Address _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Work Address _____ Work Address _____

Center Membership # _____ Shirt Size (adult sizes) _____

Emergency Contact (Other than parents. Parents will be called first)

Name _____ Name _____

Address _____ Address _____

Day Phone _____ Evening Phone _____ Day Phone _____ Evening Phone _____

Authorized Escorts:

Center staff have my permission to release my child to the custody of the following persons:

Authorization is required with a phone call or written note stating time of departure after password has been verified.

Name _____ Name _____

Day Phone _____ Evening Phone _____ Day Phone _____ Evening Phone _____

Relationship _____ Relationship _____

Unauthorized Escorts:

The following person(s) may **not** remove my child from the Center without prior written permission:

Name _____ Relationship _____

List any special limitations, allergies, fears, physical limitations, required assistive devices, and/or any required accommodation.

Yes _____ No _____ My child needs an accommodation, because of disability, to participate in or enjoy the program.

List any disease that your child has had and/or any history of hospitalization.

Additional Comments:

Conditions of Registration

Registration or entry into the RiverTrek program constitutes agreement to the following conditions:

1. I certify that the City of Cincinnati Public Recreation Commission has provided both myself and my child sufficient information that we understand the **RiverTrek** program.
2. Due to the size of the **RiverTrek** program discipline problems may occur. The staff will do their best to handle these problems on a daily basis. Please note: If a child becomes a constant discipline problem, he/she may be suspended from specific activities or dismissed entirely from the program at which time parent/guardian will be required to meet the group and pick up his/her child.
3. I give the City of Cincinnati Public Recreation Commission's employees, agents, and volunteers my permission to take my child away from the community center for all **RiverTrek** programs.
4. My child has permission to participate in all activities associated with the **RiverTrek** program (including all pre trip trainings and meetings). My child is developmentally, physically, mentally, and emotionally ready and possesses the skills necessary to participate in these activities. My child is in good physical condition and has not had a serious illness or surgery since their last health examination.
5. I give the City of Cincinnati Public Recreation Commission's employees my permission to involve my child in open swim and aquatic activities that may be associated with **RiverTrek** program.

My child is a: _____ non-swimmer _____ beginner swimmer _____ capable swimmer

6. I authorize the City of Cincinnati Public Recreation Commission to utilize photographs or videotapes of my child to be used exclusively for the promotion of the Recreation Commission's programs.
7. I understand that the City of Cincinnati Public Recreation Commission will not be responsible for any lost, stolen or damaged personal property.
8. I recognize that there are certain risks of physical injury as a result of my child's participation in this program. I agree to assume the full risk of any injuries, damages or loss which I/or my child may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have, as a result of my child's participation in the program, against the City of Cincinnati and the Public Recreation Commission and their officers, agents, employees and volunteers.

I do hereby fully release and discharge the City of Cincinnati and the Public Recreation Commission, their officers, agents, employees and volunteers from any and all claims of injuries, damage or loss which my child may have or which may accrue to me on account of my child's participation in the program.

I further agree to indemnify, defend and hold harmless the City of Cincinnati and the Public Recreation Commission their officers, agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the activities of the program.

I hereby execute this waiver and release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this wavier and release on behalf of such minor.

Participant's Signature _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Applicant



RiverTrek TRAINING AND TRIP
PERMISSION & ACKNOWLEDGEMENT FORM

Participant's Name: _____ Birthdate: _____

In order for your child to attend 2005 RiverTrek, he/she must attend the two mandatory trainings as scheduled below. Please indicate your permission for your child to attend by initialing in front of each training. If your child is interested in attending RiverTrek 2006, he/she must attend the mandatory clean-up session as well.

_____ Thursday, June 9th 8:30am to 4:00pm Adventure Outpost

EcoChallenge Day: In this fun-filled training, participants will learn basic camping skills, outdoor safety, first aid and team-building skills.

RiverTrek participants will receive information on how to pack, what to bring and what to expect on this exciting river adventure.

Please pack a lunch for this training. Participants may arrive at Adventure Outpost in Winton Woods on their own, or meet at Corryville Center to carpool in CRC vans. Vans depart promptly from Corryville at 8:30am! (See attached directions to Corryville Center or call 221-0888.

_____ Tuesday, June 21st 8:30am to 5:00pm Morgan's Canoe Livery
(Fort Ancient Location)

River Skills Day: Learn basic canoeing strokes and water safety skills through first-hand experience on the Little Miami River. We will travel by bus to Morgan's Canoe Livery on the Little Miami River to practice our skills on the river. The bus will depart from Corryville Center promptly at 8:30am! Please pack a lunch for this training. No food will be available on the river.

_____ Tuesday, July 12th

RiverTrek Clean-Up Day:

In addition, please initial the following items indicating that you are aware of the need to provide the said items for the trip:

- _____ **A completed application packet (please check both sides of each sheet)**
- _____ **Sufficient and appropriate clothing for participation in the trip**
- _____ **Medications with instructions for dispensing for trainings and trip**
- _____ **I have read and signed the Morgan's Livery Lease Contract Agreement**
- _____ **I understand sleeping arrangements will be gender specific**
- _____ **I will provide a sleeping bag for my child's use on the trip**
- _____ **I understand that to be eligible to participate on the trip, my child must attend both necessary trainings as stated above.**
- _____ **I understand that if my child should engage in dangerous or disruptive behavior that I may be required to meet the group and collect my child.**

*We will also hold an informational meeting for parents and participants of RiverTrek 2005. Please initial below if you plan on attending this meeting. This meeting is **OPTIONAL**:*

_____ **Tuesday, June 28th 7:00 – 8:00 Corryville Community Center**

Parent/Participant Information Meeting: At this meeting, we will discuss packing requirements, behavior expectations and we will review the trip itinerary. This is also an opportunity for us to answer any questions you may have about RiverTrek 2005.

I have read the above, reviewed it with my child and agree to abide by the rules and conditions for participation.

Signature of Parent/Guardian _____ **Date**_____

Signature of Participant _____ **Date**_____



**MORGAN'S CANOE AND OUTDOOR CENTERS, INC.
RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate in anyway in the **MORGAN'S CANOE AND OUTDOOR CENTERS, INC** program, its related events and activities, I,
X _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **THE MORGAN'S CANOE AND OUTDOOR CENTERS, INC.**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUPMTION OR RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTATIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date signed: _____
PARTICIPANTS SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date signed: _____
PARENT/GUARDIAN SIGNATURE, (also, print name)

**Hamilton County Park District
Adventure Outpost Medical Record**

PARENTS – If your child has any special needs, or will require special attention at camp, this form must be returned to us at least 1 week prior to your child's first day of camp. If this does not apply, then all forms must be completed and returned to the Adventure Outpost staff on the first day of camp.

We cannot allow your child to stay at camp if we do not have the completed medical information forms.

Please print

Camper's Name _____ Date of Birth _____

Address _____ City/ State/ Zip _____

_____ Home Phone Number _____

Parent (or Guardian) name _____

Address _____ City/ State/ Zip _____

_____ Home Phone Number _____

Work Phone _____ Cell Phone _____

Hospitalization Insurance _____

Policy or member's number _____

Name of Child's Physician _____ Phone _____

Name of Child's Dentist _____ Phone _____

Date of last health examination _____ Date of last Tetanus shot _____

EMERGENCY CONTACTS (Other than home):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I DO/ DO NOT give my permission for the adult in charge to give my child,
_____, simple first aid of necessary.

Signature _____ Date _____
Parent or Guardian

In case of emergency, I DO / DO NOT give my permission for my child,
_____, to be taken to the nearest doctor or hospital.

Signature _____ Date _____
Parent or Guardian

Please list any health conditions or allergies to food, plants, insect bites or stings or medicines:

* Please Note: The Park District Staff and Volunteers can not keep medicine for a child nor dispense medicine to a child. You must complete the following section whether or not your child will be on medication.

Parents may stop by during a camp to administer medication to their child, and are encouraged to do so rather than allowing a child to medicate themselves. If you intend for your child to self-medicate: medicine must be in the original container with the prescription information on it.

Camper's Name _____

PLEASE CHECK ONE

_____ My child will not be taking medication while at camp.

_____ I will stop by camp to medicate my child.

_____ My child has permission to medicate himself/herself while at camp.

_____ My child will be under the influence of the medication described below, but will not require dosages while at camp.

Medication description (include the time of day medicine is required)

Is there anything else we should know about your child? _____

Signature _____ Date _____
Parent or Guardian



CRC #255

DAY CAMP (ON SITE)
EMERGENCY INFORMATION CARDParticipant's Name _____ Date of Birth _____
Last First MiddleStreet Address _____ Zip _____ Phone _____
Parent or Guardian (First and Last Name of Each)

Place of employment of Parent or Guardian _____

Mother _____ Phone _____

Father _____ Phone _____

Neighbor, relatives or a sitter who would be willing to care for the child
If the parent cannot be reached.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Child's Physician _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

Please check any health condition of child that leaders should be aware of:

☐ Speech Impairment; ☐ Hearing Impairment; ☐ Vision Impairment; ☐ Asthma; ☐ Diabetes; ☐ Epilepsy

Other health problems or limitations: _____

List any medication the child is currently taking: _____

Allergies: _____

EMERGENCY MEDICAL AUTHORIZATION

PART 1

In the event reasonable attempts to contact me at _____ (Phone Number) or
_____ (other parent or guardian) at _____ (Phone Number), have been
Unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by
Dr. _____, or in the event the designated preferred practitioner is not available, by another licensed
Physician, and transfer of the child to _____ Hospital or any hospital reasonably accessible
This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring
In the necessity for such surgery, are obtained prior to the performance of such surgery.

Medical Insurance you carry: _____

Date _____ Parent's Signature _____

PART 11

REFUSAL TO CONSENT: I do not give my consent for emergency medical treatment of my child. In the event of illness or
Injury requiring emergency treatment, I wish the Summer Day Camp program authorities to take no such action, or to

(please specify action)

Date _____ Parent's Signature _____



Applicant



SPONSOR NOMINATION

To be eligible to participate in RiverTrek 2005 this form must be completed by an adult sponsor. (You may be recommended by a significant adult ie: Recreation Leader, Teacher, Coach, Clergy)

I believe that this applicant would benefit from or deserves to be a RiverTrek 2005 Team Member because:

Sponsor's Signature _____

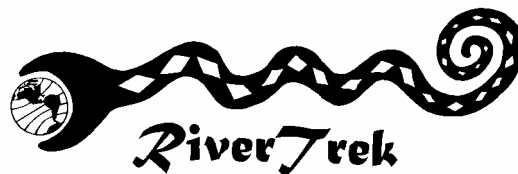
Your relationship to applicant: _____

Sponsor's Address _____

Sponsor's Phone Number _____

Submit to:

RiverTrek
Cincinnati Recreation Commission
805 Central Avenue
Suite 800
Cincinnati, Ohio 45202



RiverTrek 2005 IMPORTANT DATES

For the safety of our participants, the **RiverTrek** staff has established the following training dates for all **RiverTrek** participants. Successful completion of these training sessions is necessary for participation in the **RiverTrek 2005** Journey.

Friday, March 11 th	All enclosed paperwork due.	
Thursday June 9 th	Mandatory Training at Adventure Outpost (Group departs from Corryville at 8:30am)	*8:30am – 4:30pm
Tuesday, June 21 st	Mandatory Training at Morgan's Canoe (Group departs from Corryville at 8:30am)	*8:30am – 5:00pm
Tuesday, June 28 th	Parent Information Meeting at Corryville (Optional)	7:00pm – 8:00pm
Tuesday, July 5 th to Saturday, July 9 th	Check In at Corryville Center RiverTrek 2005 Pick Up Cincinnati Public Landing	8:00am – 8:15am 11:00am
Tuesday, July 12 th	Equipment Clean-up Day at Dunham Mandatory for 05 Peer Leaders & 06 Peer Leader Recruits (lunch will be provided)	*10:00am – 2:00pm
Fall 2005	RiverTrek 2005 Reunion – Time and date TBA	

If you need transportation on June 9, 21 and/or July 12 to Corryville or Dunham please contact your CRC staff contact or Stefanie Gerth (Corryville) at 221-0888.

*Corryville Recreation Center, 2823 Eden Avenue is located at the corner of University and Eden Avenues.

*Dunham Recreation Center, 4356 Dunham Lane is located off of Guerly Rd near Sunset. (251-5862)

RiverTrek

Participant Needs Equipment List

Highly recommended items:

5 T-shirts
1 or 2 pairs of shorts
5 undergarments
Several pairs of socks
2 swimsuits (be wearing one when we leave the day of the trip)
1 sweatshirt (polyester pull-over also an option)
1 inexpensive rain poncho
1 pair warm-up pants (optional, nylon works best)
1 pair of jeans

Toiletries: (zip lock baggies work well as containers)

Toothbrush and toothpaste
Bath soap
Deodorant
Shampoo
Bath towel or beach towel (2 small ones are better than 1 giant one)
Wash cloth
Cornstarch (not Baby Powder)

Other Needs:

1 lightweight sleeping bag (or 1 or 2 blankets) keep it small
1 pillow
1 pair of gym shoes
Water shoes or sandals with heel strap
Sunscreen (waterproof)
Bug repellent
Sunglasses
Flashlight (w/batteries)

Optional Items:

Disposable (waterproof) cameras
Personal journals
Eyeglasses strap and contact solution (if needed)

Any prescription medication / over the counter meds (aspirin, vitamins, etc.) must have a parental permission slip accompany the medication.

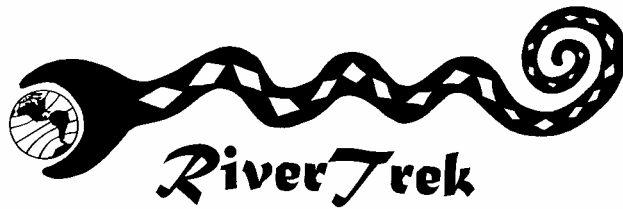
All these items will need to fit into a watertight blue bag. (If it doesn't fit in the bag, you're not taking it with you!)

No, the bags are not going down the river in the boats. Please remember to bring a bag with you to transfer everything into at the end of the trip on Friday night, so that you will not leave anything behind.

Things not to bring:

Cigarettes, drugs, alcohol, etc.

Personal electronic devices: Game Boys, Walkman's, TV's, CD players, cell phones, pagers,
and anything else we forgot to mention!
Large sheath knives (Rambo knives)
Cosmetics



Behavior Contract

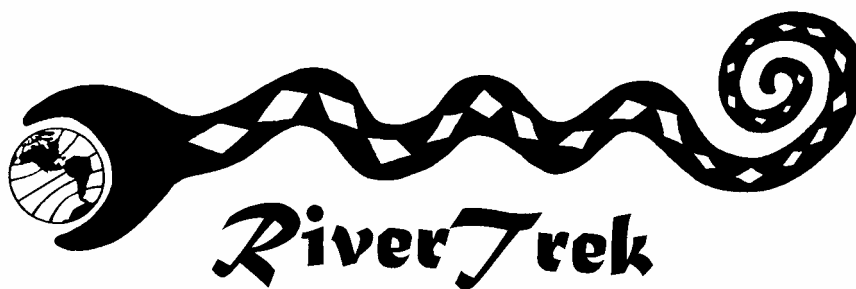
Please read over the following guidelines carefully. All RiverTrek participants and parents/guardians are responsible for knowing and following these RiverTrek rules.

The Behavior Standards listed below will be fully enforced throughout the trip and will not be tolerated. If you participate in any of these inappropriate behaviors, your parent/guardian will immediately be phoned, and you will not be permitted to finish the remainder of the trip.

- I will not use physical aggression towards others.
- I will not use or possess alcohol, illegal drugs, cigarettes, tobacco, matches, or lighters.
- I will not use or possess weapons of any kind (including pocket knives).

If any of the remaining behavior standards are broken, the RiverTrek participant will be given one warning. If the behavior continues, the child will be sent home.

- I must remain on camp property and with a RiverTrek staff at all times.
- I will not use foul or abusive language or behavior.
- I will not make threats of physical aggression towards others on the trip.
- I will not discriminate against or harass any camper or adult on the basis of age, race, gender, ethnicity, religion, disability or sexual orientation.
- I must help to preserve the natural environment by not littering or destroying the natural habitat or property in any way.



If I am selected to attend RiverTrek, I will:

- ❖ Read over all of the RiverTrek Behavior Standards
- ❖ Follow all RiverTrek Behavior Standards
- ❖ Participate in all camp activities to the best of my ability
- ❖ Take direction from the RiverTrek Leaders/Peer Leaders
- ❖ Be responsible for myself and my belongings
- ❖ Work cooperatively with my team to ensure the success of RiverTrek
- ❖ Participate in two training days to prepare for RiverTrek

If my child is selected to attend RiverTrek, I will:

- ❖ Read over and explain all RiverTrek Behavior Standards to my child(ren)
- ❖ Do everything in my power to assure that my child understands and will follow all RiverTrek Standards
- ❖ Work cooperatively with RiverTrek staff to ensure positive behavior

RiverTrek Participant's Signature/Date

Parent/Guardian Signature/Date



Request For Administration Of Medication

(Please Print)

No medication can be given to a child unless instruction to administer such items are written, signed and dated by a licensed physician, and are prescribed for a specific child.

Name of Participant _____ Age _____ Date of Birth _____

Address _____ Zip _____ Telephone _____

SECTION 1 TO BE COMPLETED BY CHILD'S PHYSICIAN:

(Name of child) _____ Is under my care and should receive

(Name of medicine, vitamin, or modified diet) _____

(dosage) _____, as follows _____

Specific instructions for administration: _____

Possible side effects to watch for: _____

Expiration date (may not exceed six months from date of this request if prescribing medication or food supplement):

Signature of Physician _____ Telephone _____ Date _____

Note: If medication or vitamin is a prescription from pharmacy, physician's instructions and signature will not be required. Instead of having the above section completed, the parent completed the chart below:

Rx Number	Pharmacy
Street Address	Telephone

Section 1 does not need to be completed for certain nonprescription items: fever-reducing medicines that do not contain aspirin, cough or cold medications that do not contain codeine; and topical ointments, creams or lotions.

SECTION II TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN

Name of Item to be Administered	Dosage	Time(s) of Dosage

Please Note: The medication must be in pill, capsule or liquid form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name and the prescription number

I hereby request and give permission to the Cincinnati Recreation Commission's staff to administer the above listed medication, vitamin, or special diet to my child.

I do hereby fully release, discharge and agree to indemnify, defend and hold harmless the City of Cincinnati and the Public Recreation Commission, their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the administration or non-administration of any medication.

I hereby execute this release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this release on behalf of such minor.

Signature of Parent/Guardian _____ Date _____

Please Note: For your child's protection, this authorization should be renewed every ninety days.

**Administration of Medicine**

No medication can be given to a child unless the instructions to administer such items are written, signed and dated by a licensed physician and are prescribed for a specific child.

Name of child _____ Was given the following

Dosage _____ of Rx# _____ (name of medicine)

At the following times.

Physician's Name _____ Telephone _____

Pharmacy Name _____ Telephone _____

Date	Time	Person Administering Medication (Signature)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff Notes: All medication must be in pill, capsule or liquid form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name and the prescription number.

Be alert for any side effects.

All medication should be stored in a safe, secure place away from children.

ASPRIN SHOULD NOT BE GIVEN TO CHILDREN.